.E	nod and System				
MMISSION	NER OF PA	TENTS			
P.O. Box 1450 Alexandria, VA	22313-1450	•			
Alexanuria, VA	22313-1430				
Sir:	h :	notion/oursedment	in the chave iden	tified amplication	
Transmitted herewith		7 CFR 1.9 and 1.27		uned application.	
	al fee is require		is ciamica.		
	•				
The fee, if any, has been calculated as shown below:					
Fee Basis	Number of Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity	Full Fee
Total Claims		- 2	= 3	× \$ 25 =	× \$ 50 =
Independent Claims		<u> </u>	= ,	- = =	× \$ 200 =
☐ First Presentation	of Proper Multi	iple Dependent Clai	m	+ \$180 =	+ \$360 =
			TOTAL	•	
	1 If less th	an 20 enter 20.	<sup>2</sup> If less than 3 enter	3. $^3$ If less than 0 enter 0.	
☐ Please charge mattached.	y Deposit Acco	ount Number 02-0	200 in the amour	nt of _\$ A du	plicate copy of this s
A check in the a	mount of <u>\$1,0</u>	50 is a	attached.		
				ees associated with this connt to <b>Deposit Account Nur</b>	
dua under 37 ('		CFR 1.17 of cledi	t any overpaymen	iii to Deposit Account Nui	inder 02-0200. A du
due under 37 Copy of this she	s/are: Petition	for 3 month Exter	nsion of Time; I	Declaration to Show that F	Reference is Publica
copy of this sheet  Also enclosed in	n Invention und	er 3 / CFR 1.132			
copy of this shee	n Invention und	er 37 CFR 1.132			
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copy of this shee  Also enclosed in Applicants' Own  2336	4	er 3/ CFR 1.132		Respectfully submi	tted,
copy of this shee  Also enclosed in Applicants' Own	4 umber	er 3/ CFR 1.132		Respectfully submit	tted,

Benjamin E. Urcia
Attorney for Applicant
Registration Number: 33,805